CMS Net

Management Reports

Revised: 1/28/2005

Management Reports
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Preface
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Legend

In procedures on the following pages you will see various symbols used.

✔ The check mark indicates a content note.

⇨ When a procedure is described, the arrow indicates the result of an action.

Management Reports

Management Reports

This function is used to generate standard reports in CMS Net. Users have the ability to generate reports by their security group, i.e. Regional office or County.

After logging into CMS Net, at the Primary Option prompt do the following:

Step	Action
1	Type **"S"** for *System Maintenance*.
2	Press <Enter>
3	Type **"M"** for *Management Reports*.
4	Press <Enter>.

Continued on next page

Management Report Screen

After pressing <Enter>, the Management Report (CMSRM-10) Screen displays.

```
CMS NET MANAGEMENT REPORT                          CMSRM-10
------------------------------------------------------------------------------
(1) Select Report:

(2) Select County:

(3) Select Local Office:

(4) Select Regional Office:
------------------------------------------------------------------------------
(5) Report from                  (6) Date:           (7) To Date:
(8) From 1st Auth Date:          (9) To Date:
(10) Begin at Last Name:            (11) Through Name:

(12) Patient's 21st Birthday On or Before:

(13) Select Report Format:

(14) DX ICD:
```

Continued on next page

Data Entry Fields

The following table identifies and defines the fields for data entry on the Management Report Screen, **CMSRM-10**.

⇨ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Select Report	Required Select the type of report to generate from the pick-list. Values include: APC A/P COUNT AP ACTIVE/PENDING LIST AGE AGE 21 AAC ANNUAL CASELOAD COUNT AU AUTH LIST CC CASE COUNT REPORT AAO DAYS TO ACTION & 1ST AUTH DP DETAIL PENDING CASE LIST DXS DIAGNOSIS SUMMARY REPORT HFP HEALTHY FAMILIES PLANS MCC MEDI-CAL COUNT-CURRENT MCP MEDI-CAL MANAGED CARE PLANS MCL MEDI-CAL LIST-CURRENT PL PENDING LIST PR PRODUCTIVITY REPORT QCC QUARTERLY CASELOAD COUNT RS REG STATUS COUNTS-CURRENT
2	Select County	Optional. Auto fill with your county based upon your user security. Regional Offices will either select a county, or leave blank. Note: The ability to print by local office will be

		included in the next update.
3	Local Office	Optional. Allows counties that have a local office the ability to print by specific area.
4	Select Regional Office	Optional. Auto fill with your regional office based upon your user security.
5	Report from	Display Only Field Designates which CMS Net file the data is retrieved from.
6	Date:	Required for (these reports)
7	To Date:	Required for (these reports)
8	From 1st Auth Date	Required for (these reports)
9	To Date	Required for (these reports)
10	Begin with Last Name	Optional. Enter the alpha character(s) where you would like to begin the report. Only selected reports allow searching by last name.
11	Through Name	Optional. Enter the alpha character(s) where you would like to end in the report. Note: If you are searching A-D, the results will not include D, only through C.
12	Patient's 21st Birthday On or Before	Required for Age 21 report only
13	Select Report Format	Enter the alpha character(s), which you would like to begin the report. Pick list: Count List Both
14	DX ICD	Enter the alpha character(s), which you would like to begin the report. Pick List: Select a valid ICD-9 Diagnosis code(s).

Continued on next page.

APC Report Description

The following reports are created directly from the various files in CMS Net. As a result, the data used is *as of the current moment*. This report loops through file the Referral/Transfer nodes for each patient record in file 6000, Registration. Each Referral/Transfer Date is evaluated. If it is greater than the Report Date, that Referral/Transfer entry is skipped.

If the Referral/Transfer Date is equal to or less than the Report Date, the county associated with the entry is evaluated. If the county matches the county(s) to be included in the report, the case status *as of the Report Date* (using the Audit Trail) is evaluated. If that status is Active, Transfer Active, Pending or Reopen Pending, the count for the status category is increased by 1 and the search *moves to the next patient record*. Therefore, this report counts unique patient records for the county or regional office requested.

Step	Action
1	Enter APC at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Enter the effective date of report request in the Date field. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

APC Report Layout

Please see the APC report illustration on the next page.

Continued on next page.

Management Reports, continued

```
CMS Net A/P Report
Created 07/18/2002@8:58:40AM

Reporting for County: XXXXXXXXXXXXXX

Reporting Cases with Active or Pending Status as of 05/01/2002

Case Status:             Count:
-----------------------------------------------------------------

ACTIVE                     158

TRANSFER ACTIVE              5

PENDING                     24

REOPEN PENDING               6
```

Continued on next page.

Management Reports, continued

AP List Description

This report includes data from a scheduled process within CMS Net runs in the early morning hours the first of each month to collect the data elements needed for to report for each case record with a registration status of active or pending. Users may request the reports throughout the month; however, *the data presented will be as it was collected on the first of the month.*

The Active Pending (AP) list shows :

- The total of Active, Transfer/Active, Pending and Reopen Pending cases as of first of each month. There is no option to select a date range for the AP report.
- The report includes the patient Name, CCS#, Date of Birth, Referral/Transfer Date, Registration Status Program Eligibility Begin Date, Program Eligibility End Date, Pending Eligibility Status, Client Eligibility Start Date and CCS Eligibility Status (Aid Code).

Please Note: If the Registration status is Active and the CCS Eligible Status (Aid Code) on the Client Eligibility Screen has not be established, the record is still counted as Active for this report.

Step	Action
1	Enter AP at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Optional. Enter the alpha character(s), which you would like to begin the report.
5	Optional. Enter the alpha character(s) where you would like to end in the report. Note: If you are searching A-D, the results will not include D, only through C.
6	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
7	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

Continued on next page.

AP Report Layout

The following is an illustration of the AP report.

```
ACTIVE/PENDING CASES AS OF 06/24/2002
NAME                          CCS #     DOB         REF/TRF DT  STATUS
-------------------------------------------------------------------------
        CURRENT LEG COUNTY CODE: XXXXXXXXXXXXXXXX
TEST,KIDDO III                3214569   05/23/1991  12/03/1991  ACTIVE
Pgm Beg Dt: 05/23/1991  Pgm End Dt: 05/23/1992   Pend Elig:
Client Elig Start Dt: 05/23/1991       Aid Code: 9K-CCS

TEST,AGAIN                    T126549    12/21/1993  02/02/1994  PENDING
Pgm Beg Dt: 12/21/1993  Pgm End Dt:              Pend Elig: MEDI-CAL PENDING
Client Elig Start Dt:                  Aid Code:
```

Continued on next page.

AGE Report Description

This report includes data from a scheduled process within CMS Net runs in the early morning hours the first of each month to collect the data elements needed for to report for each case record with a registration status of active or pending. Users may request the reports throughout the month; however, *the data presented will be as it was collected on the first of the month.*

The Age 21 (AGE) report lists all Active, Transfer/Active, Pending and Reopen/Pending patients who have their 21st birthday due on or before the date selected. The report is generated based upon data from the first of each month.

Please Note: If the Registration status is Active and the CCS Eligible Status (Aid Code) on the Client Eligibility Screen has not be established, the record is still counted as Active for this report.

Step	Action
1	Enter AGE at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Optional. Enter the alpha character(s), which you would like to begin the report.
5	Optional. Enter the alpha character(s) where you would like to end in the report. Note: If you are searching A-D, the results will not include D, only through C.
6	Enter the date you with to search in the Patient's 21st Birthday On or Before field. Press <Enter>.
7	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
8	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

AGE Report Layout

The following is an illustration of the AGE 21 report on the next page.

Continued on next page.

AGE Report Layout

The following is an illustration of the AGE report.

```
XXXXXXXXXXXXXX COUNTY AGE 21 ON OR BEFORE 07/18/2002
                                                07/18/2002@9:34AM    PAGE 1
NAME                              CCS#      DOB                STATUS
--------------------------------------------------------------------------------

WRONG.KIDDO III                   T987654   01/07/1981         PENDING
WRONG,LITTLE SISTER               1234568   08/15/1980         ACTIVE
WRONG,LITTLE BROTHER              6543210   04/23/1978         ACTIVE
```

Continued on next page

AAC Report Description

The Annual Caseload Count (AAC) report shall provide you with an average of the four quarters Active counts broken down between Medi-Cal and Non Medi-Cal. It shall also provide you an exact count of Pending (Potential) cases as of 6/30 of the given year. Example: -The four-quarter counts shall be totaled and divided by four to derive your annual average count. The status of Active is taken from Client Eligibility, Case Status field. Cases with Registration Status = "Active", but no aid code assigned on the Client Eligibility Screen will not be counted.

The following criteria shall qualify an active case as a "Medi-Cal" case:

- Client Eligibility Aid Code = "9N" or
- Client Eligibility Aid Code = "9M" and there is a Medi-Cal number stored in Insurance/Other Coverage or
- Client Eligibility Aid Code = "9K" and the Reason Not Required on the Financial Worksheet = "Medi-Cal No-SOC, Under 200%" and/or there is a Medi-Cal number stored in Insurance/Other Coverage
- Client Eligibility Aid Code = "9R", Reason Not Required on the Financial Worksheet = "Healthy Families" and there is a Medi-Cal number stored in Insurance/Other Coverage

The following criteria shall qualify a case as "Pending":

- **Registration Status = "Pending", "Reopen Pending", "Denied" or "Not Open" and the Referral Date and/or Date Denied falls within the quarter the report is being run for**

The following criteria shall qualify a pending case as a "Medi-Cal" case:

- **Registration Status = "Pending", "Reopen Pending", "Denied" or "Not Open" and the Referral Date and/or Date Denied falls within the quarter the report is being run for and**
- **There is a Medi-Cal number stored in Insurance/Other Coverage**
- **If there is not a value stored in the Medi-Cal number field then:**
- **Reason Not Required on the Financial Worksheet = "Medi-Cal No-SOC, Under 200%"**

Counties who have converted to CMS Net after April 26, 2001 shall be able to run these reports, but accuracy will be contingent upon the date they converted and the date they run the reports (date range expectancy).

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Step	Action
1	Enter AAC at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
4	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

AAC Report Layout

The following is an illustration of the AAC report.

```
Select the fiscal year you would like to work in: 01-02//

                CMS Net Annual Average Caseload Count Report
                     County: XXXXXXXXXXXXX Fiscal Year: 01-02
                      Printed on 07/24/2002@2:54:15PM


ACTIVE AVERAGE                MEDI-CAL                    NON MEDI-CAL
--------------                --------                    ------------
       85.00                     81.00                            4.00

PENDING TOTAL                 MEDI-CAL                    NON MEDI-CAL
-------------                 --------                    ------------
          61                          37                             24
```

Continued on next page.

AU Report Description

The following reports are created directly from the various files in CMS Net. As a result, the data used is *as of the current moment*. This report loops through file the Referral/Transfer nodes for each patient record in file 6000, Registration. Each Referral/Transfer Date is evaluated. If it is greater than the Report Date, that Referral/Transfer entry is skipped.

This report uses a sort template to select entries in file 30, Request for Service where the Authorize Date, field 5, is between the date selected for the report and the computed function FM(6000, 8.04) returns a county to be included in the report. This function computes the legal county from the most recent entry in the Referral/Transfer multiple for the patient. The output is sorted in alphabetical order of patient name.

The Authorization List (AU) report lists all LEGACY authorizations generated by your county for the date range selected. The report includes the patient's name, CCS#, Authorization number, Date authorized, Authorization Type, Vendor's name and Authorized service and is alphabetical order by patient name. This report is generated as of today's date, by the search dates.

Note: Service Authorization Requests (SAR) are not included in this report and can be accessed via the CMS Net Web Application, Reports link.

Step	Action
1	Enter AU at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Enter the start date that you would like to search for authorized requests. Press <Enter>
5	Enter the end date that you would like to search for authorized requests. Press <Enter>
6	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
7	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

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Management Reports, continued

AU Report Layout

The following is an illustration of the AU report.

```
XXXXXXXXXXXXXX COUNTY REQUESTS AUTHORIZED 01/01/01 TO 07/24/2002

NAME                                  REQUEST#           CASE       AUTHORIZE
   AUTH TYPE                VENDOR                      NUMBER     DATE
      AUTHORIZED SERVICE

WRONG,KID IV                          123485A            98765432     01/01/2001
   TREATMENT                SMITH MD,CLARK
      PHYSICIAN SERVICES
      RE-EVALUATION AT THE SPEECH AND HEARING CENTER ON 2/1/2001
```

Continued on next page.

BC Report Description

The data for the BC report is updated monthly, the last day of each month. It includes an unduplicated count of patient by each registration status. There is also a breakdown of: Medi-Cal vs. CCS patients

- **Medi-Cal shall be equivalent to an entry in the Patients record on the Medi-Cal Coverage screen, Medi-Cal number field.**
- **CCS shall be equivalent to no entry in the Patients record on the Medi-Cal Coverage screen This includes CCS only and Healthy Families cases.**

Step	Action
1	Enter BC at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Enter the start date that you would like to search for authorized requests. Press <Enter>
5	Enter the end date that you would like to search for authorized requests. Press <Enter>
6	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
7	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

Continued on next page.

Management Reports, continued

BC Report Layout

The following is an illustration of the BC report.

```
CMS Net Monthly Baseline Report

Created 99/99/9999 @ 99:99:99XX

Reporting for County: XXXXXXXXXXXXXXXXXXX

Reporting for Activity Date 99/99/9999 (last day of the month reporting)

Case Action:  Total   Medi-Cal   CCS

Pending   956  338    618

Reopen/Pending 89   60     29

Active            8226         7216            1010

Transfer/Active  13   10      3

Denied         1672           880    792

Closed         1598         1399    199

Not Open          1236           503    733
```

Continued on next page.

Management Reports, continued

CC Report Description

This report provides a table of the records that match the selection criteria for the given action. The report tallies by action, Activated, Closed, Denied or Not Open, the number of records containing a Medi-Cal number in File 6, Patient, field 1004, Medi-Cal Number. If there is no entry in file 6, field 1004 for Medi-Cal Number, the record is counted as CCS. CCS and Medi-Cal counts should always add up to the entry in the total number of records column for that action. Lastly, the report counts the number of records where Language, file 6000, Registration, field 3.03 equals Spanish. Language and Medi-Cal Number counts are as of the *data on file as of the current moment.*

The report asks the user to specify a date range. The report is inclusive of the beginning and ending date specified for each action as further described below.

REF/TRANS: An entry is counted in this category if an entry in the Referral/Transfer date multiple is within the range specified and the legal county for the same entry is equal to the reporting county. Referral/Transfer is the multiple entry in file 6000, Registration, for field 8. Legal County is field .04 in the multiple, date is field .01.

ACTIVATED: An entry is counted in this category if file 6500, Client Eligibility, field .02, Start Date is within the reporting date range specified *and* the legal county, field .07 in file 6500, Client Eligibility, is equal to the reporting county.

DENIED: An entry is counted in this category if file 6500, Client Eligibility, field .031, Denied Date is within the reporting date range specified *and* the legal county, field .07 in file 6500, Client Eligibility, is equal to the reporting county.

CLOSED: An entry is counted in this category if file 6500, Client Eligibility, field .03, End Date is within the reporting date range specified *and* the legal county, field .07 in file 6500, Client Eligibility, is equal to the reporting county.

This report is not limited to *unduplicated patients*. If a patient was activated, denied, etc. more than once in the reporting period, each entry will be tallied.
CMS Net Case Count Report.

Continued on next page.

Step	Action
1	Enter CC at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Enter the start date that you would like to search for case activity. Press <Enter>
4	Enter the end date that you would like to search for case activity. Press <Enter>
5	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
6	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

CC Report Layout

The following is an illustration of the CC report.

```
CMS Net Case Count Report
Created 03/25/2002@9:33:20AM

Reporting for County: XXXXXXXXXXXXXXXX

Reporting from 1/1/2001 to 3/25/2002

Case Action:  Total      Medi-Cal        CCS       Spanish
-------------------------------------------------------------------------
REF/TRANS       8              3            5            0

ACTIVATED       0              0            0            0

DENIED          0              0            0            0

CLOSED          1              1            0            0
```

Continued on next page.

AAO Report Description

Average Days to Case Opening/Denial-
This report does not address unique patients. It treats EACH referral as unique, e.g. if the patient has more than one Referral/Transfer Date in the reporting period, each will be evaluated. The reporting period is defined by the Referral/Transfer Start and End dates (inclusive) identified when the report is selected.

The report may take sometime to produce output since the *data is gathered at the time the user requests the report*. The process starts by looping through each patient record in file 6000, Registration. If that record is flagged as a bad or duplicate record in file 6, Patient, the record is skipped.

Each Referral/Transfer Date entry for the patient (multiple field 8 in file 6000) is evaluated to determine if field 4, Legal County, is one of the counties to be included in the report. If not
If there is a match on the county field as described above, the Referral/Transfer Date, field .01, is evaluated to determine if it falls within the reporting period. If not, the Referral/Transfer Date entry is skipped and the next Referral/Transfer Date entry for the patient is evaluated.

The next step is to determine if the patient had an eligibility entry for *the same county* following the Referral/Transfer Date. This is done by evaluating the entries in file 6500, Client Eligibility, for the patient if Start Date order, field .02, and evaluating the county, field .07, against the county found in the Referral/Transfer Date entry.

If there is a match for eligibility, each Request for Service entry for the patient in file 30, Request for Service, is evaluated using cross-reference "C" of field 1, XRPR (patient internal number.) Each Request for Service is evaluated to determine if the Type of Authorization, field 11, is "T" for treatment. If not, the Request is skipped and the next one is evaluated.

If the Request is for "treatment", the Authorize Date, field 5, is evaluated to determine if it follows the Referral/Transfer Date currently being evaluated for the patient. If it does follow the Referral/Transfer Date, the number of days between the Referral/Transfer Date and the Authorize Date is calculated and added to a local table array built by county.

Continued on next page.

AAO Report Description Continued

Average Days to First Authorization

The Referral/Transfer Date entries for each patient are evaluated in reverse chronological order. Records without any Referral/Transfer Date entries (6000, 8, .01) in the time frame specified are skipped. If the legal county (6000, 8, .04) associated with the Referral/Transfer Date is not equal to the reporting county or included in the regional office, the next most recent referral/transfer date is evaluated.

If a match is made (County and Date), the Client Eligibility entries for the patient are evaluated to locate, the most recent entry (by start date 6500, .02) AFTER the Referral/Transfer date found.

a.) If no entries match on county and the patient's current case status is pending/reopen pending, the number of days from the referral/transfer date to today will be used in the calculation for "Interim Status" and "Total" categories. (Case is still Pending determination.)

b) If a match is made on county and the status of the Client Eligibility entry is denied, the Date Determined (6500, .12) will be used to calculate the number of days and the entry will be tallied in the "Denied" and "Total" category for the report.

c) If a match is made on county and the status of the Client Eligibility entry is Active or Closed, the Open Date (6500, .13) will be used to calculate the number of days and the entry will be tallied in the "Opened" and "Total" category for the report. If the Open Date is blank (client eligibility entry was made before implementation of Open Date), the Eligibility Start Date (6500, .02) will be used in place of Open Date.

If NO Client Eligibility entries are found and:

a) the patient's current case status is pending/reopen pending, the number of days from the referral/transfer date to today will be used in the calculation for "Interim Status" and "Total" categories.

b) the patient's current status is denied, closed, active, transfer/active or not open the case is tallied as "indeterminable" with no attempt to calculate number of days. (Data is incomplete.) These will not be included in the "Total" category of the report.

If an entry is to be tallied in the "Opened" category of the report, the logic will then attempt to locate the first Authorization by Authorize Date (30,5) after the referral date. If the Effective date of the Authorization (30,20) is ON or AFTER the Client Eligibility Start Date (6500, .02) and before the Client eligibility End Date (6500,.03) the authorization will be used in the tally described below. (This will insure that the Authorization is for the Eligibility period that was "opened".)

The Request will then be evaluated. a) If the Request Status (30, 2) is Authorized or Cancelled, the Authorize Date (30, 5) of the entry will be used to calculate the number of days from the Referral to First Authorization. The entry will be tallied by the Type of Authorization (30, 11) and in the "Total" category of the report. Currently, the Type of Authorization values are:

T: TREATMENT
D: DIAGNOSTIC
V: VENDORED THERAPY
F: HF TREATMENT
N: HF VENDOR THERAPY

b) If the Request Status is Denied or Requested, the next Authorization will be evaluated.

If no Authorizations are found that are Authorized ON or AFTER the Client Eligibility Start Date, the number of days between the referral/transfer date and today will used in the average calculation and the entry will tallied in the "No Auth" and "Total" categories of the report.

To get next referral transfer date entry for patient (reverse chronological order.) If there is none of the or the next found is BEFORE the reporting start date, the logic will move to the next patient.

Management Reports, continued

Step	Action
1	Enter AAO at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Enter the start date that you would like to search for case activity. Press <Enter>
4	Enter the end date that you would like to search for case activity. Press <Enter>
5	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
6	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

AAO Report Layout

Please see the AAO report illustration is on the next page.

Continued on next page.

Management Reports, continued

```
CMS Net Report
Number of Days from Referral to Case Open/Denied and to First Authorization

Created 07/24/2002@12:36:02pm

Reporting for County: XXXXXXXXXXXXXXX

Reporting from Referral/Transfer Date 01/01/1999 to 07/24/2002
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
OPENED          = 161   Avg Days to action:  323
          9K CCS             = 123    Avg Days to action: 300
          9M CCS-MTP Only    = 6      Avg Days to action: 33
          9N CCS-M/C Only    = 28     Avg Days to action: 145
          9R CCS-HF Over CCS = 3      Avg Days to action: 9

DENIED          = 11     Avg Days to action:  324

PENDING         = 36     Avg Days to action:  375

INDETERMINATE   = 688


Total Count for county: 208     Average days to action for county:  332
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

FIRST AUTH      = 161     Avg Days to action:  417

     Diagnostic         = 40     Avg Days to action: 174
     HF Treatment       = 4      Avg Days to action: 25
     No Authorization   = 40     Avg Days to action: 398
     Treatment          = 112    Avg Days to action: 522
     Vendored Therapy   = 12     Avg Days to action: 141
```

Continued on next page.

Management Reports, continued

DP Report Description

This report includes data from a scheduled process within CMS Net runs in the early morning hours the first of each month to collect the data elements needed for to report for each case record with a registration status of active or pending. Users may requests the reports throughout the month, however, *the data presented will be as it was collected on the first of the month.*

The Detailed Pending Case List (DP) report lists :

- All records with a Registration Case Status of Pending or Reopen Pending as of first of each month. There is no option to select a date range for the AP report.
- The report includes the patient name, CCS #, Referral/Transfer Date, Referral/Transfer type, any letters generated for the patient including the date and correspondence type, application status, Medi-Cal status, the program begin date and end dates for the most recent program eligibility period, as well as the pending eligibility type

Step	Action
1	Enter DP at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Optional. Enter the alpha character(s), which you would like to begin the report.
5	Optional. Enter the alpha character(s) where you would like to end in the report. Note: If you are searching A-D, the results will not include D, only through C.
6	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
7	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

DP Report Layout

Please see the DP Report is illustrated on the next page.

Continued on next page.

DP Report Layout

The following is an illustration of the DP report.

```
XXXXXXXXXXXXXXXXXX COUNTY DETAIL PENDING CASE LIST
                                              08/29/2002@3:14PM    PAGE 1
NAME                                CCS#          R/T DT       REF/TRAN
LETTER                              CORR DT       APP ST       M/C STAT
PGM BEG DT                          PGM END DT    PEND ELIG    PEND ELIG TYPE
-------------------------------------------------------------------------------

WRONG,KID                           999999        06/06/2000   REFERRAL
C-36A                               03/06/2001                 12345678901234
C-36                                06/06/2000    2ND LETTER

WRONG,KID BROTHER                   T99999        07/20/2000   REFERRAL
C-36A                               03/08/2001                 DENIED
C-36                                07/21/2000    2ND LETTER
```

Continued on next page.

Management Reports, continued

DXS Report Description

This report includes data from a scheduled process within CMS Net runs in the early morning hours the first of each month to collect the data elements needed for to report for each case record with a registration status of active or pending. Users may requests the reports throughout the month, however, *the data presented will be as it was collected on the first of the month.*

This report evaluates the Primary and the possible other four Diagnosis codes in the Diagnosis multiple, field 10 of file 6000, Registration, for all patients whose status, field .05, is Pending, Reopen Pending, Active or Transfer/Active *on the first day of the month.*

This report allows the user to select the format of the report. The options are List Only, Counts Only or Both. Lists include patient name, date of birth and case number. Counts tally the number of each diagnosis found. The user is also asked to specify one or more Diagnosis entries to be included in the output.

Step	Action
1	Enter DXS at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Select the Report Format. Count, List or Both. Press <Enter>.
5	Enter the Diagnosis codes you would like to search. Press the Help Key to display a list or type a partial code or description. A minimum of 1 diagnosis code is required. Press <Enter>
6	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
7	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

DXS Report Layout

Please see the illustration of the DXS report on the next page.

Continued on next page.

Management Reports, continued

ACTIVE/PENDING CASES DIAGNOSES **LISTING** Printed: 06/21/1999 Page: 1

NAME	CCS#	DOB
DX: 389.10 1ST Diagnosis		
WRONG,KID IV	9839183	06/19/1999
DX: 749.00 1ST Diagnosis		
WRONG,KID IV	5686596	06/23/1998

ACTIVE/PENDING CASES DIAGNOSIS **COUNTS** Printed: 06/21/1999

DX	1ST	2nd	3rd	4th	5th
389.10	1	0	0	0	0
749.00	0	1	0	0	0

Continued on next page.

HFP Report Description

The data for this report is collected on the *first of each*. A patient record is selected for the report if any of the Insurance Coverage entries in file 6, Patient, field 130, Other Coverage starts with the letters "HF", "HEALTHY FAM", "H.F." or "H/F". Case status is not considered for this report, all entries in your county will print.

Step	Action
1	Enter HFP at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

HFP Report Layout

The following is an illustration of the HFP report.

```
CCS Tracking List for Healthy Families Program         11/19/2001     Page: 1

   BLUE CROSS (EP0) HEALTHY FAMILIES

                              Elig Status  Reason       Ref By
Patient                       Elig Start   Inelig/Clos  Prim Care
DOB/CCS/CIN/SSN  Primary DX   Date         Denied Date  Provider   Reg Status
---------------  ----------   -----------  -----------  ---------  ----------

WRONG,KID        746.9                                  DR. JONES  ACTIVE
8/26/96 2520262  CONGENITAL                             DR. SMITH
99999999D9       ANOMALY OF HEART
123-45-6857
```

Continued on next page.

MCC Report Description

This management report is designed to provide the user with a count currently of 'Active', 'Transfer/Active', 'Pending' and 'Reopen Pending' cases with a Medi-Cal number currently present in file 6, field 1004 as of the *as of the current moment.*

Please Note: If the Registration status is Active and the CCS Eligible Status (Aid Code) on the Client Eligibility Screen has not be established, the record is still counted as Active for this report.

Step	Action
1	Enter MCC at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

MCC Report Layout

The following is an illustration of the MCC report.

```
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX COUNTY  MEDI-CAL COUNT (ACT/PEND)
                                              06/21/1999@3:42pm    PAGE 1
--------------------------------------------------------------------------------

         M/C STAT: NO
SUBCOUNT  16


         M/C STAT: YES
SUBCOUNT  48
COUNT     64
```

Continued on next page.

MCP Report Description

The data for this report is collected on the *first of each month* and placed in the ^NTMMCP global. A patient record is selected for the report if there are any entries in file 6, Patient, field 120, Managed Care. Case status is not considered for this report, all entries in your county will print.

Please Note: If the Registration status is Active and the CCS Eligible Status (Aid Code) on the Client Eligibility Screen has not be established, the record is still counted as Active for this report..

Step	Action
1	Enter MCP the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

MCP Report Layout

The following is an illustration of the MCP report.

```
CCS Tracking List for Medi-Cal Managed Care Plans      11/19/2001     Page: 1

   HEALTH NET
   ----------
                              Elig Status  Reason       Ref By
Patient                       Elig Start   Inelig/Clos  Prim Care
DOB/CCS/CIN/SSN  Primary DX   Date         Denied Date  Provider   Reg Status
---------------  ----------   -----------  -----------  ---------  ----------

WRONG,KIDDO TEST 738.8                                  DR. JONES  ACTIVE
1/13/81 3291553  MUSCULOSKEL                            DR. SMITH
99999999C9       ETAL DEFORM
999-99-9999      OF OTHER SPEC
                 SITE
```

Continued on next page.

MCL Report Description

This management report is designed to provide the user with a list of 'Active', 'Transfer/Active', 'Pending' and 'Reopen Pending' cases whose last Referral/Transfer Date is between the dates specified in the report selection, and with a Medi-Cal number *currently present* in file 6, field 1004. This is sorted in alphabetical order of patient name.

Please Note: If the Registration status is Active and the CCS Eligible Status (Aid Code) on the Client Eligibility Screen has not be established, the record is still counted as Active for this report.

Step	Action
1	Enter MCL the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

MCL Report Layout

The following is an illustration of the MCL report.

```
XXXXXXXXXXXXXXXXX COUNTY  MEDI-CAL LIST FROM 01/01/1999 TO 06/21/1999
                                          06/21/1999@3:45pm    PAGE 1
                            CASE      DATE OF
NAME                        NUMBER    BIRTH       STATUS     MEDI-CAL
-------------------------------------------------------------------------
WRONG.KIDDO TEST            T47720    04/18/1992  PENDING    19384919384932
WRONG,KIDDO AGAIN           T47777    04/24/1990  PENDING    93939391839398
WRONG,LITTLE KID            3286742   05/30/1995  ACTIVE     DENIED
WRONG,KID MYERS             T47229    09/19/1995  PENDING    13830104914Z05
```

Continued on next page.

PL Report Description

This report includes data from a scheduled process within CMS Net runs in the early morning hours the first of each month to collect the data elements needed for to report for each case record with a registration status of active or pending. Users may requests the reports throughout the month, however, *the data presented will be as it was collected on the first of the month.*

All cases with a Pending or Reopen Pending status, field .05, in file 6000, Registration on the first of the month are listed for the County or Regional Office selected. The report is in alphabetical order by name.

Step	Action
1	Enter PL the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

PL Report Layout

The following is an illustration of the PL report.

```
XXXXXXXXXXXXXXXXXXXXX COUNTY PENDING LIST
                                                06/21/1999@3:50pm    PAGE 1
NAME                          CCS#      DOB          R/T       PGM BEG DT
--------------------------------------------------------------------------------

WRONG,KID TESTING             T47720    04/18/1992  02/10/1999  02/10/1999
WRONG,KID AGAIN               T47777    04/24/1990  02/22/1999
WRONG,LITTLE KID              T47229    09/19/1995  02/16/1999  02/16/1999
```

Continued on next page

PR Report Description

This report provides a table of the records that match the selection criteria for the given case status. Of the total, the report tallies the number of records containing a Medi-Cal number in File 6, Patient, field 1004, Medi-Cal Number. If there is no entry in file 6, field 1004 for Medi-Cal Number, the record is counted as CCS. CCS and Medi-Cal counts should always add up to the entry in the total number of records column for that case status. Lastly, the report counts the number of records where Language, file 6000, Registration, field 3.03 equals Spanish. Language and Medi-Cal Number counts are as of the *data on file at the time the report is generated*.

The report asks the user to specify a date range. The report is inclusive of the beginning and ending date specified. Each category in the table is described below.

NEW REG/REF: An entry is counted in this category if at least one of the Referral/Transfer entries in field 8 (multiple) for file 6000, Registration, is equal to the reporting county *and* the Original Entry Date, file 6000, Registration, field, .09, is within the reporting date range specified. Legal County is field .04 in the multiple. This date is automatically captured by CMS Net as the current date when the patient registration is first filed and cannot be changed by the user.

ACTIVE: An entry is counted in this category if field .13, Open Date, in file 6500, Client Eligibility, is with the reporting date range *and* the legal county, field .07 in file 6500, Client Eligibility, is equal to the reporting county. The Open Date is automatically captured by CMS Net as the current date when an entry in Client Eligibility is first filed with an Active status and cannot be changed by the user. The legal county in file 6500, Client Eligibility, is automatically set equal to the current legal county in patient registration when the entry in Client eligibility is first filed. The county cannot be changed by the user but may be changed by the System Manager using the Correct Case Status screen.

DENIED: An entry is counted in this category if the Last Update Date of file 6500, Client Eligibility, field .99, is within the reporting period *and* the legal county, field .07 in file 6500, Client Eligibility is equal to the reporting county. The Last Update Date is automatically set by CMS Net when a screen is saved and cannot be changed by the user. Since Closed and Denied Client Eligibility entries are immediately considered "history" in CMS Net, it is highly likely that this date will remain the date the user first filed the Denied or Closed status. The legal county in file 6500, Client Eligibility, is automatically set equal to the current legal county in patient registration when the entry in Client eligibility is first filed. The county cannot be changed by the user but may be changed by the System Manager using the Correct Case Status screen.

CLOSED: An entry is counted in this category if the Last Update Date of file 6500, Client Eligibility, field .99, is within the reporting period *and* the legal county, field .07 in file 6500, Client Eligibility, is equal to the reporting county. The Last Update Date is automatically set by CMS Net whenever a screen is saved and cannot be changed by the user. Since Closed and Denied Client Eligibility entries are immediately considered "history" in CMS Net, it is highly likely that this date will remain the date the user first filed the Denied or Closed status. The legal county in file 6500, Client Eligibility, is automatically set equal to the current legal county in patient registration when the entry in Client eligibility is first filed. The county cannot be changed by the user but may be changed by the System Manager using the Correct Case Status screen.
.02, Start Date is within the reporting date range specified *and* the legal county, field .07 in file 6500, Client Eligibility, is equal to the reporting county.

Continued on next page.

Step	Action
1	Enter PR at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Enter the start date that you would like to search for case activity. Press <Enter>
4	Enter the end date that you would like to search for case activity. Press <Enter>
5	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
6	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

PR Report Layout

The following is an illustration of the PR report.

```
CMS Net Productivity Report
Created 03/25/2001@11:14AM

Reporting for County: XXXXXXXXXXXXXXX

Reporting from Activity Date 01/01/2001 TO 03/25/2002

Case Action:     Total      Medi-Cal        CCS       Spanish
-------------------------------------------------------------------------
NEW REG/REF          8            3            5            0

ACTIVATED            0            0            0            0

DENIED               0            0            0            0

CLOSED               0            0            0            0
```

Continued on next page.

QCC Report Description

The Quarterly Caseload Count shall provide you with the quarterly Active and Pending (Potential) case counts broken down between Medi-Cal and Non Medi-Cal. The status of Active is taken from Client Eligibility, Case Status field. Cases with Registration Status = "Active", but no aid code assigned on the Client Eligibility Screen will not be counted .

The following criteria shall qualify an active case as a "Medi-Cal" case:

- Client Eligibility Aid Code = "9N" or
- Client Eligibility Aid Code = "9M" and there is a Medi-Cal number stored in Insurance/Other Coverage or
- Client Eligibility Aid Code = "9K" and the Reason Not Required on the Financial Worksheet = "Medi-Cal No-SOC, Under 200%" and/or there is a Medi-Cal number stored in Insurance/Other Coverage
- Client Eligibility Aid Code = "9R", Reason Not Required on the Financial Worksheet = "Healthy Families" and there is a Medi-Cal number stored in Insurance/Other Coverage

The following criteria shall qualify a case as "Pending":

- Registration Status = "Pending", "Reopen Pending", "Denied" or "Not Open" and the Referral Date and/or Date Denied falls within the quarter the report is being run for

The following criteria shall qualify a pending case as a "Medi-Cal" case:

- Registration Status = "Pending", "Reopen Pending", "Denied" or "Not Open" and the Referral Date and/or Date Denied falls within the quarter the report is being run for and
- There is a Medi-Cal number stored in Insurance/Other Coverage
- If there is not a value stored in the Medi-Cal number field then:
- Reason Not Required on the Financial Worksheet = "Medi-Cal No-SOC, Under 200%"

Counties who have converted to CMS Net after April 26, 2001 shall be able to run these reports, but accuracy will be contingent upon the date they converted and the date they run the reports (date range expectancy).

Continued on Next Page.

Step	Action
1	Enter QCC at the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Select the fiscal year you would like to work in: 01-02//
4	Select one of the following quarters: 1 07/01 - 09/30 2 10/01 - 12/31 3 01/01 - 03/31 4 04/01 - 06/30
5	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
6	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

QCC Report Layout

The following is an illustration of the QCC report.

```
                CMS Net Quarterly Average Caseload Count Report
            County: XXXXXXXXXXXX Fiscal Year: 01-02  Quarter: 04/01-06/30
                        Printed on 07/24/2002@2:54:15PM


ACTIVE AVERAGE                  MEDI-CAL                    NON MEDI-CAL
--------------                  --------                    ------------
       85.00                       81.00                           4.00

PENDING TOTAL                   MEDI-CAL                    NON MEDI-CAL
-------------                   --------                    ------------
      61                          37                           24
```

Continued on Next Page.

RS Report Description

This report selects by county or regional office and simply counts the number of records in each Case Status (file 6000, Registration, field .05) *currently* in the system.

Step	Action
1	Enter RS the Select Report field. Press <Enter>.
2	Enter the County or Regional office. Press <Enter>.
3	Optional. Enter the Local Office name if your county has Local Offices designated. Press <Enter>.
4	Press the Action Menu Key. Select Search from the Action menu. Press <Enter>.
5	At the Device prompt, type "SP" to print or <Enter> to display on the screen.

RS Report Layout

The following is an illustration of the RS report.

```
XXXXXXXXXXXXXXXXXXX COUNTY CASE COUNT BY STATUS
                                                  03/25/2002@11:11AM    PAGE 1

          STATUS:  ACTIVE
SUBCOUNT  79

          STATUS:  CLOSED
SUBCOUNT   3

          STATUS:  DENIED
SUBCOUNT   27

          STATUS:  NOT OPEN
SUBCOUNT   39

          STATUS:  PENDING
SUBCOUNT   148
```

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NOTES

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